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01 FC:1501 1440.00 0P 02 FC:1504 300.00 0P				Jes	2/11.	1007	(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/533,248			Krishna Kiran Mukka	avilli	873.013	2.U1(US)	5304
FITLE OF INVENTION	: LOW COMPLEXITY	BEAMFORMERS FOR	MULTIPLE TRANSN	MIT AND RECEIVE A	ANTENNAS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE PREV. PAID ISS	UE FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	01/24/2008
EXAMINER ART UNIT		CLASS-SUBCLASS	3				
NGUYEN, TUAN HOANG 2618			455-069000				
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form</li> </ul>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	or type)			
		ified below, no assignee pletion of this form is NO				ed below, the doo	cument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Nokia (	Corporation		Espo	o, Finland	l		
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 🔀 (	Corporation or	other private grou	pentity Government
,	are submitted: No small entity discount p	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1924 (enclose an extra copy of this form).</li> </ul>					
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Authorized Signature		alinowski		Date	$N_0 = 4$	3,423	<del></del>
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in application of inform in application. Confiden- submitting the complete	tiality is governed by 37 C tiality is governed by 35 d application form to the	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain 1.14. This collection is depending upon the i	is estimated to take 12 individual case. Any o	minutes to co comments on t	mplete, including	gathering, preparing, and e you require to complete

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